

# NEW YOUTH CAMP APPLICATION FOR A YOUTH CAMP THAT WAS NOT ISSUED A CERTIFICATE OR A LETTER OF COMPLIANCE IN THE PREVIOUS YEAR

Maryland Department of Health and Mental Hygiene (DHMH)  
Environmental Health Bureau  
Center for Healthy Homes and Community Services (CHHCS)  
6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202-1608  
Phone 410-767-8417 Fax 410-333-8926  
Toll Free 1-877-4MD-DHMH ext. 8417

<http://phpa.dhmh.maryland.gov/OEHFP/CHS/SitePages/youth-camp-certifications.aspx>

Maryland youth camp regulations (COMAR 10.16.06) require a youth camp operator to obtain a certificate or letter of compliance from the Department of Health and Mental Hygiene (DHMH) before the camp opens. Before a certificate or letter of compliance is issued, DHMH must determine substantial compliance with the regulations.

- ▶ Complete parts: A. through J. Retain a copy of the application for your records.
- ▶ Enclose the application fee. The fee is set forth in COMAR 10.01.17.02. Make check or money order payable to the Maryland Department of Health and Mental Hygiene.
- ▶ Mail the completed original application, fee and the required compliance documentation noted throughout the application to DHMH **at least 60 days before the camp opens**. Do not fax the application.
- ▶ If you operate multiple camps at separate sites, submit a separate application, fee and compliance documentation for each camp.
- ▶ If you have questions or require assistance, please call DHMH, Center for Healthy Homes and Community Services at the above numbers.

## A. OWNER/BUSINESS INFORMATION

1. BUSINESS NAME

2. BUSINESS TYPE: ☐ INDIVIDUAL ☐ CO-OWNERSHIP ☐ PARTNERSHIP ☐ CORPORATION 3. FEIN  
☐ OTHER:

4. BUSINESS ADDRESS

5. CITY, STATE, ZIP

6. COUNTRY

7. BUSINESS CONTACT NAME

8. BUSINESS PHONE

9. OTHER PHONE

10. FAX

11. BUSINESS CONTACT EMAIL

## B. YOUTH CAMP INFORMATION

1. CAMP NAME

2. CAMP PHYSICAL ADDRESS

3. CITY, STATE, ZIP

4. COUNTY

5. CAMP DIRECTOR'S NAME

6. CAMP DIRECTOR'S PHONE

7. EMERGENCY PHONE

8. FAX

9. CAMP DIRECTOR'S EMAIL

10. CAMP MAIL ADDRESS: ☐ SAME AS CAMP PHYSICAL ADDRESS ABOVE ☐ SAME AS BUSINESS ADDRESS ABOVE

ATTN (PERSON'S FIRST AND LAST NAME)

BUSINESS NAME

ADDRESS

CITY, STATE, ZIP

COUNTRY

11. CERTIFICATION TYPE (Check one) ☐ Certificate ☐ Letter of Compliance -For bona fide religious organizations only.

12. CAMP TYPE (Check one)

☐ Day Camp ☐ Residential Camp ☐ Day and Residential Camp ☐ Trip Camp ☐ Travel Camp

## \*\*\* FOR OFFICE USE ONLY \*\*\*

DATE RECEIVED

AMOUNT RECEIVED

CHECK NUMBER

IDENTIFICATION NUMBER

**C. CURRENT CAMP PROGRAM INFORMATION. *Attach current camp brochure.***

1. CAMP OPENING DATE	2. CAMP CLOSING DATE	3. DATE(S) CLOSED FOR BUSINESS
(A) AVERAGE # OF CAMPER PER WEEK	(B) # WEEKS CAMP WILL OPERATE	(C) # DAYS CAMP OPERATES PER WEEK

***Attach fee with completed application. Make check payable to the Department of Health and Mental Hygiene***

4. CAMPER DAYS (A X B X C)	5. FEE ENCLOSED
<p><b>APPLICATION FEES FOR DAY CAMP</b></p> <p>1 to 500 CAMPER DAYS : <b>\$200</b></p> <p>501 to 2,000 CAMPER DAYS: <b>\$525</b></p> <p>2,001 to 5,000 CAMPER DAYS: <b>\$700</b></p> <p>5,001 or more CAMPER DAYS: <b>\$900</b></p>	<p><b>APPLICATION FEES FOR RESIDENTIAL CAMP, DAY AND RESIDENTIAL CAMP, TRIP CAMP, OR TRAVEL CAMP</b></p> <p>1 to 700 CAMPER DAYS : <b>\$500</b></p> <p>701 to 5,000 CAMPER DAYS: <b>\$1,000</b></p> <p>5,001 to 16,000 CAMPER DAYS: <b>\$1,500</b></p> <p>16,001 or more CAMPER DAYS: <b>\$2,000</b></p>

6. IS YOUR CAMP CURRENTLY ACCREDITED BY (Check One, If Applicable) ☐ American Camp Association ☐ Boy Scouts of America  
***Attach a copy of current certification from the accrediting organization, no fee is required.***

**D. YOUTH CAMP FACILITY INFORMATION**

1. ARE YOU OPERATING A CHILDCARE CENTER AT THIS SITE? ☐ NO ☐ YES ***Attach a copy of license.***

2. DID YOU NOTIFY THE CHILD CARE LICENSING OFFICE ABOUT YOUR INTENT TO OPERATE A YOUTH CAMP AT THIS SITE?  
☐ NO ☐ YES ***Attach documentation of the notification.***

3. BUILDING(S) TYPE (Check all that apply.)

☐ School (Public or Private) or Government Owned Building: ***Attach completed Building Safety form.***

☐ Privately Owned Building or Property ***Attach a copy of a current Fire Safety Inspection from the State or Local Fire Marshal's Office. Attach the Use & Occupancy permit. If no Use & Occupancy permit, attach certification from a master electrician and a master plumber stating the building meets code and attach documentation of zoning approval.***

☐ Outdoor Pavilion or No Buildings.

☐ Other, Specify Type: \_\_\_\_\_ ***Contact this Office for required compliance documentation.***

4. WATER SUPPLY

☐ Public: *Specify the water company from your water bill:* \_\_\_\_\_

☐ On-Site Well: ***Attach completed Local Health Approval form.***

5. SEWAGE DISPOSAL

☐ Public: *Specify the sewer service company:* \_\_\_\_\_

☐ On-Site Sewage Disposal System: ***Attach completed Local Health Approval form.***

6. BATHROOM FACILITIES (Check all that apply.)

Male	<input type="checkbox"/> Toilets, # _____	<input type="checkbox"/> Handsinks, # _____	<input type="checkbox"/> Showers, # _____	<input type="checkbox"/> Urinals, # _____
Female	<input type="checkbox"/> Toilets, # _____	<input type="checkbox"/> Handsinks, # _____	<input type="checkbox"/> Showers, # _____	
<input type="checkbox"/> Portable Toilets	<input type="checkbox"/> Male, # _____	<input type="checkbox"/> Female # _____	<b><i>Attach completed Local Health Approval form.</i></b>	
<input type="checkbox"/> Privies	<input type="checkbox"/> Male, # _____	<input type="checkbox"/> Female # _____	<b><i>Attach completed Local Health Approval form.</i></b>	

7. CAMP FACILITIES (Check all that apply.)

☐ Sleeping Facilities ☐ Tents ☐ Cabins ☐ Other, specify: \_\_\_\_\_

8. FOOD SERVICE (Check all that apply.)

☐ Meals Prepared On-Site: ***Attach copy of food permit.*** ☐ Lunches Brought From Home: *Refrigeration required.*

☐ Summer Lunch Program: ***Attach verification of acceptance from certifying organization.***

9. PRIMITIVE CAMP *A youth camp where permanent facilities for water supply and sewage disposal systems, food service facilities, sleeping areas, bathing facilities, and hand washing facilities are not available. (If your camp or any portion of your camp is a primitive camp, check all that apply.)*

☐ No Permanent Facility for Water Supply System: ***Attach the camp's written procedure for water filtration and disinfection.***

☐ No Permanent Facility for Sewage Disposal System: ***Attach the camp's written procedure for sewage disposal.***

☐ No Permanent Facility for Food Service: ***Attach the camp's written food preparation and handling plan; must meet Regulation .42.***

☐ No Permanent Facility for Sleeping Areas: ***Attach description of the camp's sleeping provisions.***

☐ No Permanent Facilities for Bathing or Hand Washing: ***Attach the camp's written bathing or hand washing procedures.***

**E. YOUTH CAMP PROGRAM INFORMATION****1. ARE CAMP TRIPS PROVIDED?**☐ NO☐ YES **Attach the camp's safety plan for camp trips. The safety plan must meet Regulation.52.**

Indicate trip dates: \_\_\_\_\_

**2. TRANSPORTATION**

Does the camp provide or arrange for camper or staff transportation?

☐ NO☐ YES **Attach a copy of the parent authorization form and the camp's safety plan. The safety plan must meet Regulation .53.**

Method of transportation: \_\_\_\_\_

Does the camp transport campers to camp, from camp, or to and from camp?

☐ NO☐ YES **Attach a copy of the parent's authorization form, the camp's safety plan and the camp's policy concerning the camp's responsibility for supervising a camper when the camper is picked up, dropped off, and transported. The safety plan must meet Regulation .53.****3. ARE SPECIALIZED ACTIVITIES PROVIDED?**☐ NO☐ YES **Attach a written safety plan for each activity offered. The safety plan must meet Regulation .52.**

- Check all specialized activities offered during camp. Indicate day(s) and time activity is offered. Provide activity location(s). Attach additional sheet if necessary.

- If you add a new specialized activity, you must obtain prior approval from this Office. Contact DHMH immediately.

☐ ADVENTURE CAMP (AC) ACTIVITY INCLUDES CLIMBING WALL; LOW ROPES IF BELAY OR SPOTTING REQUIRED; PAINTBALL; SKATING; SKATEBOARDING; SNOWBOARDING; OR SIMILAR ACTIVITY.

Adventure Camp Activity \_\_\_\_\_

Activity Location \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ AIR GUNS At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ ARCHERY At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ CYCLING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ GYMNASTICS At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ GO KARTS At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ HANG GLIDING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ HIGH ROPES At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ HORSEBACK RIDING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ MOTOR VEHICLES At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ RAPPELLING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ RIFLERY At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ ROCK CLIMBING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ SNOW SKIING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ SPELUNKING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ SWIMMING At:☐ Public Pool Location \_\_\_\_\_

Dates/Time \_\_\_\_\_

Public Pool Permit Number \_\_\_\_\_

**Obtain permit number from pool management or Local Health Department.**☐ Natural Bathing Beach or Site;

Location \_\_\_\_\_

Dates/Time \_\_\_\_\_

Is the swimming water sampled by Local Health Department?

☐ No☐ Yes

Who provides the lifeguards?

☐ Beach☐ Camp

Does the lifeguard training include open waterfront certification appropriate to the site?

☐ No☐ Yes

Is 1 lifeguard provided for each group of 50 campers or fraction thereof?

☐ No☐ Yes☐ WATERCRAFT ACTIVITY (Check all that apply.)☐ CANOEING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ KAYAKING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ OTHER BOATING ACTIVITY

Type \_\_\_\_\_

Location \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ SAILING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ WATER SKIING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ WINDSURFING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

☐ WHITE WATER RAFTING At \_\_\_\_\_

Dates/Time \_\_\_\_\_

<b>4. SUPERVISION PROVIDED DURING ROUTINE ACTIVITIES</b> <i>See Regulation .54. If necessary, attach additional sheet.</i>			
CAMPERS AGE	GROUP SIZE	NUMBER OF ADULT (S) (18 AND OLDER) SUPERVISING CAMPER GROUP	NUMBER OF ASSISTANT COUNSELORS (16-17 YEAR OLDS) SUPERVISING CAMPER GROUP

<b>F. HEALTH PROGRAM INFORMATION</b>	
1. HEALTH SUPERVISOR'S NAME	PHONE
2. HEALTH SUPERVISOR'S TITLE <i>(Check one)</i>	MD LICENSE #
<input type="checkbox"/> Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Certified Nurse Practitioner	
3. DO 50% OR MORE OF THE CAMPERS HAVE IDENTIFIED MEDICAL PROBLEMS?	<input type="checkbox"/> NO <input type="checkbox"/> YES
4. THE HEALTH SUPERVISOR IS: <i>(Check one)</i> <input type="checkbox"/> Available for consultation at all times when campers are present. <input type="checkbox"/> On-site at all times when campers are present. <i>Required when 50% or more of the campers have identified medical problems.</i>	
5. WRITTEN HEALTH PROGRAM <b>Attach a copy of the camp's health program that includes the health supervisor's annual approval. The health program procedures must meet Regulation .22 and Regulation .33.</b>	
6. CAMPER HEALTH RECORD <b>Attach example of the camp's camper health record form; must meet Regulation .27.</b>	
7. STAFF HEALTH RECORD <b>Attach example of the camp's staff member/volunteer health record form; must meet Regulation .29.</b>	
8. CPR CERTIFIED STAFF <i>Two adults with current cardiopulmonary resuscitation (CPR) certification are required on duty at camp at all times.</i> Number of adult staff certified in CPR by a national certifying organization: _____	
9. FIRST AID CERTIFIED STAFF <i>Two adults with current first aid are required on duty at camp at all times.</i> Number of adult staff certified in first aid by a national certifying organization: _____	

<b>G. EMERGENCY PROCEDURES INFORMATION.</b>
<b>Attach a copy of the camp's emergency procedures. The emergency procedures must meet Regulation .34.</b>

<b>H. CRIMINAL BACKGROUND CHECK INFORMATION.</b>	
1. PERSONNEL ADMINISTRATOR NAME	2. PERSONNEL ADMINISTRATOR PHONE
3. DOES THE PERSONNEL ADMINISTRATOR HAVE A CRIMINAL BACKGROUND INVESTIGATION ON FILE WITH DHMH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. HAS THE PERSONNEL ADMINISTRATOR COMPLETED THE CONSENT FOR RELEASE OF INFORMATION/BACKGROUND CLEARANCE REQUEST FORM FROM MARYLAND CHILD PROTECTIVE SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Attach Release Form to completed application, must have original signature and notary.</b>	

<b>I. WORKER'S COMPENSATION ACT COMPLIANCE STATEMENT</b> <i>Indicate compliance with workers compensation act.</i>
<p>Maryland Health-General Code Annotated §1-202 requires that before any license, certificate or permit may be issued under the Health-General Article; the employer must file a certificate of compliance listing a workers' compensation insurance policy or binder number. This statement of compliance is based on the workers' compensation law applicable in the state in which the licensee is based.  <b>(Check one and provide requested information.)</b></p> <p><input type="checkbox"/> I have workers' compensation insurance.          Insurance Company _____          Policy or Binder number _____</p> <p><input type="checkbox"/> A waiver has been received from the Workers' Compensation Commission <i>Attach a copy of the waiver.</i></p> <p><input type="checkbox"/> As provided, I am exempt from having workers' compensation insurance <i>Attach a copy of the certificate of compliance.</i></p> <p><input type="checkbox"/> I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission <i>Attach a copy of the certificate of compliance.</i></p> <p><input type="checkbox"/> I am self-employed. I have no employees.</p>

<b>J. YOUTH CAMP REGULATIONS (COMAR 10.16.06) COMPLIANCE STATEMENT.</b> <i>Read and sign compliance statement.</i>
<p>I have carefully examined and read this application and when operating, agree to comply with all applicable laws and regulations of the State of Maryland regarding youth camps. I understand that providing false information on this application or violating the Maryland Youth Camp Act, Maryland Health-General Code Annotated Title 14, Subtitle 4, or any regulation adopted by the Department under this subtitle may result in an abatement order or closure order or denial, suspension, or revocation of youth camp certification or letter of compliance. <i>If you have questions, please call DHMH, Center for Healthy Homes and Community Services at (410) 767-8417 or 1-877-4MD-DHMH ext. 78417.</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 10%;"> </div> <div style="width: 80%; border-bottom: 1px solid black; margin-top: 10px;"></div> <div style="width: 10%; text-align: center;"> <b>DATE</b> </div> </div>